

### COMMANDANT, US SOUTHERN COMMAND

COL M. LEE WALTERS, US ARMY











- Suicide can be prevented, but we need your help.
- Create a trusting environment where Soldiers will feel that it is okay to ask leaders for help.
- "Earlier treatment leads to faster recovery".





- Establish a climate
  where seeking help is
  not a character flaw but
  is seen as a sign of
  strength.
- Know your Chaplain and behavioral health partners.
- Insist that outreach behavioral health services be available to your unit, as deemed appropriate.

### Leaders Can Reduce Stigma by:

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- Not discriminating against Soldiers who receive behavioral health counseling.
- Supporting confidentiality between the Soldier and their behavioral health care provider.
- Reviewing unit policies and procedures that could preclude Soldiers from receiving all necessary and indicated assistance.









## Leaders Can Reduce Stigma by:

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(continued)

- Educating all Soldiers and Family members about anxiety, stress, depression, and treatment.
- Increasing behavioral health visibility presence in Soldiers' area (using the Combat Operational Stress Control tactics, techniques, and procedures: COSC; HQ DA, FM4-02.5(FM8-51)).
- Reinforcing the "power" of the buddy system in helping each other in times of crises (TRADOC Pamphlet 600-22).



#### Stigma and Career

The Secretary of Defense has successfully advocated a revised Question 21 of the SF86 Ouestionnaire for National Security Positions, which asks about mental health

Standard Form 86, Question 21 – Revised (Feb 2008)

Mental health counseling in and of itself is not a reason to revoke or deny a clearance.

In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?

Answer "No" if the counseling was for any of the following reasons and was not court-ordered:

- strictly marital, family, grief not related to violence by you; or
- strictly related to adjustments from service in a military combat environment.

If you answered "Yes," indicate who conducted the treatment and/or counseling, provide the following information, and sign the Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA).

Under Secretary of Defense Intelligence

Under Secretary of Defense Personnel and Readiness





# Army Health Promotion and Risk Reduction

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"Leaders across our Army recognize that the health of our Soldiers, Army Civilians and Family members is a top priority. We remain committed to doing what is needed to care for our most precious asset—our people, thereby ensuring a healthy and resilient Force for the future. We must maintain our shared focus and continue these most important efforts in the days ahead."

- GEN Lloyd J. Austin III Vice Chief of Staff, Army









# Sergeant Major of the Army Raymond F. Chandler III

#### "Make a Difference!"

"Leaders are in the best position to be our first line of defense."

"Recognize that seeking help is a sign of courage and that even the strongest turn to one another in a time of need."











### BAIDERSHIP IN ACTUON

## PSA from Sergeant Major of the Army



### WHO DIES BY SUICIDE?

- During CY 2010, Army AD had 144 confirmed & 12 pending; NG/Reserves 10 confirmed & 7 pending.
- Army Suicides are higher among our young junior enlisted ranks.
- Army Suicides are highest among young white males; ages 18 to 25.
- Army Suicides have increased among our senior NCO/Officers.
- Rate of suicide is greater among males.
- Rate of suicide attempts is greater among females.





Anyone, at any age, can die by suicide



#### Ask your buddy

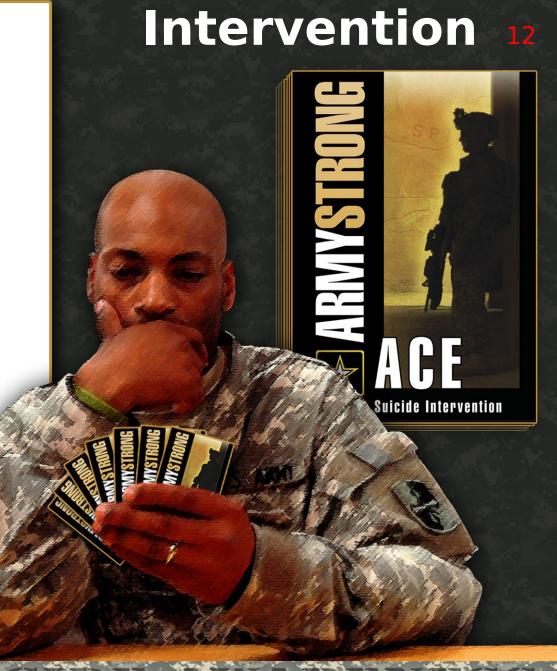
- Have the courage to ask the question, but stay calm
- Ask the question directly, e.g. Are you thinking of killing yourself?

#### Care for your buddy

- Remove any means that could be used for self-injury
- Calmly control the situation; do not use force
- Actively listen to produce relief

#### **Escort your buddy**

- Never leave your buddy alone
- Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider











### Leadership Focus

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To foster a climate that emphasizes caring and

concern, the leadership must focus on the following:

- Review all policies and procedures and remove anything that may stigmatize help-seeking behaviors.
- Eliminate any policy which discriminates, punishes, or discourages a Soldier or Civilians from seeking help.
- Educate leaders regarding policy to eliminate belittling those who seek behavioral health

# Leadership Focus (continue)

- Ensure annual suicide awareness/intervention training is provided to all Soldiers and Civilians in accordance with AR 350-1 and AR 600-63, paragraph 4-4 (j) (2) (a).
- Maintain records of all Soldier's and Civilian's annual suicide prevention training.
- Ensure policies are in place for suicide related events.
- Implement the battle buddy system in accordance with AR 600-63. Foster a sense of responsibility in Soldiers and Civilians to provide watchful care and support to peers.
- Conduct an AR 15-6 investigation on every suicide.









# Leadership Focus (continue)

- Monitor Soldier access to services and programs that support the resolution of behavioral health, family, and personal problems.
- For Soldiers, comply with regulatory referral requirements to ASAP (IAW AR 600-85).
- Review consistency of disciplinary actions for substance abuse/misconduct within and across your units.
- Coordinate training events for NCO, officer, and Civilian supervisors on recognizing symptoms of distress and dysfunctional behavior in their personnel.



# Leadership Focus (continue)

- Attend Community Health Promotion Council (CHPC) meetings, suicide prevention program resources, Quality of Life committees, and so on, as applicable.
- Familiarize yourself with AR 600-63 & DA PAM 600-24.









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### **How to Refer**

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Responsibility always rests with unit leadership Emergency:

- Threat to life is imminent or severe.
- Consult with a behavioral healthcare provider or other healthcare provider, if behavioral health is not available.
- Escort immediately to the Emergency Room VA, Behavioral Health, Clinic, EAP or the Chaplain.









## How to Refer (continued)

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#### **Non-Emergency:**

- Consult with a chaplain or behavioral health care provider
- Counsel Soldier and give a copy of the command referral (DoDD 6490.1)
- Observe Soldier's rights to see SJA and IG or EAP for Civilians
- Escort the Soldier to behavioral health with command referral memorandum









#### Resources

AUDIBLES FULL BURNER AVERTICON

## Southeast Florida Community:

- **√** 911
- ✓ Miami-Dade Police: Crisis Line (305) 358-HELP
- ✓ Fort Lauderdale PD
- ✓ Miami-Dade Fire & Rescue
- ✓ VA Hospital Suicide Prevention & Treatment, (305).575-7000 ×5432

(305) 1575-7000 x5432 the Military One Source @ https://www.militaryonesource.mil

DA G-1 Website: www.preventsuicide.army.mil

Suicide Prevention Lifeline: www.suicidepreventionlifeline.org

I-800-273 TALK (8255) Press 1 for the Veterans Crisis Line

**US SOUTHCOM:** 

Clinic:

Behavioral Health x0519

**SC Chaplains** x1024

**Garrison:** 

- ✓ Emergency Services x2677
- ✓ Clinical ASAP x3072
- ✓ EAP x3078



## Gary Sinise









### Summary

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Suicides can be prevented in the Army by:

- Securing appropriate interventions for those at risk;
- Minimizing stigma associated with accessing behavioral health care;
- Leaders knowing and caring about their Soldiers and Civilians;
- Leaders constructively intervening early-on in their Soldiers' and Civilians' problems;
- Leaders paying close attention & providing constructive interventions to all personnel **facing major losses** from work-related issues, failed relationships, and experiencing legal or financial problems.









## Questions?

Thanks for Listening and Getting Involved!







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